Ĭ ~	DATENT ADDITIONAL SES DETERMINATION OF THE PROPERTY OF THE PRO								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
									97	8	37 1	29	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	OTAL CLAIM	s 	3	37				RATE FEE		7	RATE	FEE	
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEI	770.00	
Ţ	OTAL CHARGE	ABLE CLAIMS	37~	37 minus 20=		•\7		XS.9=		OR	XS18=	306	
IN	DEPENDENT	CLAIMS	14	minus 3 =				X43= '		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL	-	OR	TOTAL	1142	
•					,	OTHER	THAN						
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							MALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 37	Minus	-3	7	п 	Ľ	(\$ 9=		OA	X\$18=	· .	
A	Independent	ENTATION OF "	Minus	DENIDENT.	/	-	\ \ \ \ \	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
										OR .	YOTAL DOIT, FEE		
		(Column 1)		(Colum		(Column 3)		IT. FEE		,	ÇANI. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.37	Miņus	-3	7		×	\$ 9=		OR	X\$18=	_	
	Independent	NTATION OF MIL	Minus	OENDENT (4		×	43 = ·	•	OR	X86=		
لــا	PRESE	MANUA OF ME	LIIPLE VE	ENUENI (LAIM		+1	45-		OR	+290=		
TOTAL OR YOTAL OR ADDIT FOR													
	· .			• •	^	· · · • • •							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA	R/		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
§ [Total	٥	Minus	••		.	XS	9=		OR -	X\$18=		
	Independent	•	Minus	•••		•	-	3=		`` 	X86=		
	FIRST PRESE	-	-	—— '	DR -	^00≑							
* If the entry in column 1 is less than the entry in column 2, write "t" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR About SES													
	The Highest Nu	mber Provincesty Pai mber Provincesy Pai ber Provincesty Pain	id For IN THE	S SPACE in a	ess than	3	. ADDIT	FEE			TOTAL DOT, FEE		
			\1000 O		,	-A-ser unungt		en etti	opresse DOX (n col ut	iei 7.		

Best Available Copy